

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

95 -62-027960  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 345

Primary Registration District No. 3047

Registrar's No.

FILED JUL 30 1962

VS 300  
Rev. 4/59

1 0735  
2 0735  
3 2  
4 0  
5 1  
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7 1  
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9 22.1  
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12 2-0  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Neosho</b>		c. CITY OR TOWN <b>Neosho</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Sales Memorial Hosp.</b>		d. STREET ADDRESS <b>109 West Coler St.</b>	
3. NAME OF DECEASED (Type or print) <b>JEWELL ISAAC BRASWELL</b>		4. DATE OF DEATH <b>July 21, 1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/24/88</b>
9. AGE (last birthday) <b>73</b>		10. IF UNDER 1 YEAR Months Days Hours Min.	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Telegrapher</b>		12. KIND OF BUSINESS OR INDUSTRY <b>KCS Railway</b>	
13. BIRTHPLACE (City and state or country) <b>Green Forest Ark.</b>		14. CITIZEN OF WHAT COUNTRY <b>USA</b>	
15. FATHER'S NAME <b>Unknown</b>		16. MOTHER'S MAIDEN NAME <b>Unknown</b>	
17. NAME OF HUSBAND OR WIFE <b>Ina Braswell</b>		18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>No None</b>	
19. SOCIAL SECURITY NO. <b>[REDACTED]</b>		20. INFORMANT <b>Mrs. Ina Braswell, Neosho Mo.</b>	
21. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocarditis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Broncho Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 YEAR</b> <b>10 YEARS</b> <b>5 DAYS</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
22. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	23. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	24. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
25. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		26. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
27. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		28. CITY, TOWN, OR LOCATION <b>Neosho, Missouri</b>	
29. I attended the deceased from <b>1 JUNE 62</b> and last saw him alive on <b>21 JULY 62</b>		30. Death occurred at <b>4:20 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
31. SIGNATURE <b>[Signature]</b> (Degree or title) <b>MD</b>		32. DATE SIGNED <b>7-23-62</b>	
33. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		34. NAME OF CEMETERY OR CREMATORY <b>Pickens</b>	
35. DATE <b>7/21/1962</b>		36. LOCATION (City, town, or county) <b>Green Forest Ark.</b>	
37. FUNERAL DIRECTOR <b>Nelson's, Berryville Arkansas</b>		38. DATE RECD. BY LOCAL REG. <b>7-23-62</b>	
39. REGISTRAR'S SIGNATURE <b>[Signature]</b>		40. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AUG 2 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Jimmie C. Jabe*

Licensed Embalmer No.

*5140*

P. O. Address

*Nescho, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.